

RM FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000040315 (1)**

1. Corporation Name
NHS POWER CORP.

Principal Place of Business
**316 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

Mailing Address
**316 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480-4020**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/27/1994	3a. Date of Last Report 04/08/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0498098	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRIEDMAN, HARRY J P.A.
200 SOUTH BISCAYNE BLVD.
SUITE 4000
MIAMI FL 33131-2398**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOMQUIST, ERIK J	1.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VASD <input type="checkbox"/> DELETE	2.1 TITLE	D/Exec.V/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, DONALD W	2.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEPERO, GUSTAVO R	3.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	600002197816 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA O, ARTURO	4.2 NAME	-06/02/97--01079--014
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	4.3 STREET ADDRESS	***886.25
CITY - ST - ZIP	PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINICIS, JORGE A	5.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	5.4 CITY - ST - ZIP	
TITLE	EV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALEXANDER L	6.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	6.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

 **Jose F. Valdivia, Jr., Vice President**

4-4-97

561-655-6303

DATE AND TYPE OF SIGNATURE OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034 (9/96)

**ATTACHMENT TO
PROFIT
CORPORATION
ANNUAL REPORT
1997**

DOCUMENT # P94000040315 (1)

1. Corporation Name

NHS POWER CORP.

13. - CONTINUED ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO/D Fanjul, Alfonso 316 Royal Poinciana Plaza Palm Beach, Florida 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec. V/D Fanjul, Andrés B. 316 Royal Poinciana Plaza Palm Beach, Florida 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/P/COO/D Fanjul, José F. 316 Royal Poinciana Plaza Palm Beach, Florida 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Fernández, Luis J. 316 Royal Poinciana Plaza Palm Beach, Florida 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hernández, Oscar R. 316 Royal Poinciana Plaza Palm Beach, Florida 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/CLO Klock, Jr., Joseph P. 316 Royal Poinciana Plaza Palm Beach, Florida 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. V Recio, Alberto S. 316 Royal Poinciana Plaza Palm Beach, Florida 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV/AS Ross, Daniel D. 316 Royal Poinciana Plaza Palm Beach, Florida 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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NHS POWER CORP.

13. - CONTINUED

ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ryan, IV, Allan A.	
STREET ADDRESS	316 Royal Poinciana Plaza	
CITY-ST-ZIP	Palm Beach, Florida 33480	
TITLE	V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tarr, William F.	
STREET ADDRESS	316 Royal Poinciana Plaza	
CITY-ST-ZIP	Palm Beach, Florida 33480	
TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valdivia, Jr., José F.	
STREET ADDRESS	316 Royal Poinciana Plaza	
CITY-ST-ZIP	Palm Beach, Florida 33480	